

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2749 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

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 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED SEP 23 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>St. Louis</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>	a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>
Length of stay in 1b <b>D.O.A.</b>	c. CITY OR TOWN <b>Maplewood</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>	d. STREET ADDRESS (If outside, give location) <b>7748 Rannells Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <b>Ernest</b> Middle <b>James</b> Last <b>Williams</b>	4. DATE OF DEATH Month <b>Sept.</b> Day <b>2nd</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-5-1885</b>
9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Mfg.</b>
11. BIRTHPLACE (City and state or country) <b>Kent, England</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George T. Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Ashdown</b>
14. NAME OF HUSBAND OR WIFE <b>Edith C. Williams</b>	17. INFORMANT Address <b>Edith C. Williams Above</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Terminal</b>	
DUE TO (b) <b>Chr. Cardiovascular Dis</b> <b>Chr</b>	
DUE TO (c) <b>Chr. Advanced Arterio Sclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chr. Emphysema</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:00</b> Month, Day, Year <b>9-4-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June-1953</b> to <b>Sept 12-1963</b> and last saw <sup>her</sup> him alive on <b>Aug 30-1963</b>	
Death occurred at <b>7:00</b> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Charles J. Ott MD</b> (Degree or title)	22b. ADDRESS <b>2816 Sutton Lane St Louis 43</b>
22c. DATE SIGNED <b>9/3/63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-5-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-4-63</b>
26. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>	

**STATEMENT BY LICENSED EMBALMER**

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*H. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.